ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | · ID NO. | DATE |
|---------------------|-----------|----------|----------|
| FEE DETERMINATION | · / / · · | | 10/20/98 |
| O.I.P.E. CLASSIFIER | 7 | 5 | 10-2190 |
| FORMALITY REVIEW | | 71435 | 10/26/98 |

INDEX OF CLAIMS

| ~ | Rejected | N | Non-elected |
|---|----------------------------|---|--------------|
| | Allowed | 1 | Interference |
| _ | (Through numeral) Canceled | Α | Appeal |
| ÷ | Restricted | 0 | Objected |

| Claim | | Date | | | | | | 7 | Claim Date | | | | | | | | | - | Claim | | | | | | | | | | _ | | | |
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If more than 150 claims or 10 actions staple additional sheet here